PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

10/563,103

| | | | | | | | | | Щ | | | |
|---|--|---|------------------------------------|------------------------------------|-------------------------|----------------------|------------|---------------------|------------------------|------------|---------------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | | | SMALL ENT | TITY | OR | OTHER | |
| U.S. | . NATIONAL S | STAGE FEES | | | | _ | 1 | RATE | FEE | | RATE | FEE |
| BASIC FEE | | | 300 | | | | 1 | BASIC FEE | | OR | BASIC FEE | 300 |
| EXAMINATION FEE | | | 200 | | | | | EXAM. FEE | | | EXAM. FEE | 200 |
| SEARCH FEE | | | 400 | | | | | SEARCH FEE | | | SEARCH FEE | 400 |
| FEE FOR EXTRA SPEC. PGS. | | | m | ninus 100 = | | / 50 = | 1 | X \$ 125 = | | | X \$ 250 = | |
| тот | AL CHARGEAB | 3LE CLAIMS | 30 r | minus 20 = | * | 10 | | X \$ 25 = | | OR | X \$ 50 = | 500 |
| INDEPENDENT CLAIMS | | | | minus 3 = | * | | | X \$ 100 = | | OR | X \$ 200 = | |
| MUL | TIPLE DEPEN | DENT CLAIM PRE | ESENT | | | | | + \$ 180 = | | OR | + \$ 360 = | |
| * If the difference in column 1 is less than zero, enter "0" i | | | | | | lumn 2 | 4 . | TOTAL | | OR | TOTAL | 1400 |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST | | | | | | | - 1 | SMALL E | | OR | OTHER I | |
| NT A | 30 | CLAIMS REMAINING AFTER AMENDMENT | | PAID | IBER OUSLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| AMENDMENT A | Total | * 30 | Minus | ** 30 | 0 | = O | | X \$ 25 = | | OR | X \$ 50 = | |
| AME | Independent | · 3 | Minus | *** & | 3 | = 🔿 | | X \$ 100 = | | OR | X \$ 200 = | · |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | + \$ 180 = | | OR | + \$ 360 = | | |
| | | | | | | | | TOTAL ADDIT. FFF | | OR | TOTAL ADDIT. FFF | |
| | | (Column 1) | | (Colun | mn 2) | (Column 3) | | | | | | |
| NDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUME PREVIO PAID | IEST BER DUSLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | | = | | X \$ 25 = | | OR | X \$ 50 = | |
| AME | Independent | * | Minus | *** | | = | | X \$ 100 = | | OR | X \$ 200 = | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | + \$ 180 = | | OR | + \$ 360 = | |
| | | | | | | | | TOTAL ADDIT. FFF | | OR | TOTAL ADDIT. FFF | |
| * | If the entry in colu | umn 1 is less than the umber Previously Pale | e entry in colum d For" IN THIS | nn 2, write "0" i SPACE is les: | in colümn s than '20 | 3. ', enter "20". | | | | | • | |

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.